

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 29 1948

Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6099

State File No. 31712

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Rural Downing  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 60 yrs.  
years, months or days (Specify whether

3. (a) PRINT  
FULL NAME

FLORENCE FIELDS  
Florence Fields

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex H

5. Color or  
race W

6. (a) Single, widowed, married,  
divorced W

6. (c) Age of husband or wife if  
alive years  
6. (b) Name of husband or wife —

7. Birth date of deceased Sept 13 1888  
(Month) (Day) (Year)

8. AGE:

Years 63 Months 6 Days 5

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name

Taylor Wheeler

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Arthur Eureka

(b) Address

Downing mo.

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

9-25-48  
(Month) (Day) (Year)

(c) Place: burial or cremation

Lofton

18. (a) Signature of funeral director

Loyd Moore

(b) Address

Downing mo.

19. (a)

Sept. 23, 1948  
(Date received local registrar)

(b)

W. A. Drake  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Schuyler  
(c) City or town Rural Downing  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1948 hour 4:45 minute P.M.

21. I hereby certify that I attended the deceased from  
Sept 7, 1948, to Sept 13, 1948;  
that I last saw her alive on Sept 13, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death

myocardial Degeneration

Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature R.E. Vaughn (M. D. or other) D.O.  
Address Lancaster, mo Date signed 9/10/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 11  
District File Number 9-48-1671  
SEP 28 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.